

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034916

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 48

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY Wright

b. CITY (If outside corporate limits, give TOWNSHIP only)
TOWN Mt. Grove

Length of stay in 1b
1 week

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ava Douglas

c. CITY OR TOWN Ava

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Route 1

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Walter H. Ellyson

4. DATE OF DEATH
Month Day Year
August 11, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4-21-88

9. AGE (last birthday) 75
IF UNDER 1 YEAR: Months Days Hours Min.
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Boiler Maker Helper on Sante Fe

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
R. R. Chelba, Nebr. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Loyd Ellyson

13b. MOTHER'S MAIDEN NAME

Lila Chase

14. NAME OF HUSBAND OR WIFE

Mary Ellyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

+0

17. INFORMANT

Address

Mary Ellyson, Ava, Missouri

18. CAUSE OF DEATH (Enter only one cause of death)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Paralysis

INTERVAL BETWEEN ONSET AND DEATH
8 hours

DUE TO (b)

Cardio-Renal Failure

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-6-63 to 8-11-63 and last saw him alive on 8-11-63
Death occurred at 11:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

8-15-63

Day

Route Seymour, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

8-16-1963

Bernie L. Sibernan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fisk

Licensed Embalmer No. 4662

P. O. Address Ann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Charles R. Fisk
- 11-21-8